#-09-933717
plication or Docket Number
1830/50325

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
TOTAL CLAIMS			Colum	(Column 1)		(Column 2)		TYPE		OR	OR SMALL ENTITY	
FOR			NUMBER FILED			NUMBER EVER		RATE	FEE	4.	RATE	FEE
TOTAL CHARGEABLE CLAIMS			/12 :		NUMBER EXTRA			BASIC FE	355.00	OR	BASIC FEE	· 710.00
			of F minus 20≈		<i>F</i>			X\$ 9=		OR	X\$18≖	126
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PI			/ minus 3 =		9			X40=		OR	X80=	7
MI	ULTIPLE DEPE	NUENI CLAIM P	<del></del>		<u></u>			+135=.		OR	+270=	17.74
•	the difference	e in column 1 is	less than z	ero, enter	<b>"0"</b> in (	"0" in column 2		TOTAL	<del> </del>	OR	TOTAL	1101
		LAIMS AS	MENDED - PART II						J	OTHER	THAN	
г		(Column 1)	ļ	(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 27	Minus	. 2	27	s -		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	PENDENT	3			X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	·
	1.1										TOTAL	
4	-4-05	(Column 1)		(Colum	n 2)	(Column 3)	^	DDIT. FEE		10	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 17	Minus	. 2	7	•		X\$ 9=	. (	OR	X\$18=	
	Independent	• 2	Minus	***	ا د	•	ı	X40=	7	OR	X80=	
_	rinoi Frese	NTATION OF MU	JETIPLE DE	ENDENT	CLAIM		-	+135=			+270=	1
BEST AVAILABLE COPY								TOTAL		OR	TOTAL	
		(Column 1)					A	ODIT. FEE <b>L</b>		OR,	ODIT. FEE	
DMENTC		CLAIMS REMAINING AFTER		(Colum HIGHE NUMBI PREVIOL	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL	ſ	RATE	ADDI- TIONAL
	Total	AMENDMENT	Minus	PAID F		8	H		FEE	1		FEE
AMENDM	Independent	•	Minus	***		-	-	X\$ 9=		OR	X\$18=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT (	CLAIM		L	X40=		OR	X80=	
									j,	OR	+270=	
11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DOIT, FEE	
T	res Trighest Nur he Trighest Num	nber Previously Pa ber Previously Paid	id For IN THIS I For (Total or	S SPACE is i Independen	less than i) is the i	3, enter "3." righest number		OIT. FEE L I in the appn	opriate box		_	
	<u> </u>											